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ABSTRACT

This paper describes an experience with using the internet for collaborative peer consultation on a problem that arose with an ex-client. It illustrates the utility of professional electronic mail lists in providing timely information about how to proceed with relatively rarely encountered clinical situations. A professional therapist posted a message describing her experience of being stalked by a borderline ex-client. She noted specific threatening behaviors of the ex-client, her attempts to rectify the situation, and asked for advice. Within five days she received 42 replies. The majority of the respondents were clinicians who had faced (n=21) or were currently facing (n=5) a similar problem. The original message and 16 responses are transcribed here. The responses generally expressed great support for the therapist. Advice was received on legal issues such as the possibility of a restraining order, therapeutic issues, and personal care. The application of "virtual community technology" was found to be of great practical help. (JBJ)

Peer Consultation on the Net:

The Problem of Ex-Clients Who Stalk Therapists

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This paper describes an experience with using the Internet for collaborative peer consultation on a problem that arose with an ex-client. It illustrates the utility of professional lists in providing timely information about how to proceed with relatively rarely encountered clinical situations.

In a message dated 96-01-31, 11:13:10 EST, I posted the following on PSYUSA, a closed list for licensed psychologists:

Would welcome suggestions about how to respond to borderline ex-client who ignores limits, shows up at my academic workplace, waits outside building at night, etc. After our outpatient termination (her choice) she threatened others, was involuntarily hospitalized, made suicidal gestures, and has religious delusions. She's terminated treatment with two therapists since me...but is still focused on me. Any helpful tips???

She has not threatened me explicitly...although in August during a phone call she asked" You're not afraid that I'm going to blow your head off or something?", which I found unsettling. (I replied no, I was confident that she was doing the right thing in pursuing work with her new therapist, etc). When months of verbal limit-clarification failed, I tried behavioral clarification(ignoring letters, refusing to talk, etc). Now that she's showing up, and possibly escalating, do you think ignoring should be continued...or should I try to get her to see me in therapy (thereby structuring our contact). I've urged her to see another therapist, but she refuses. Your wisdom would be most welcome.

Within five days, a total of 42 replies were received. The majority of respondents were clinicians who had faced (n=21) or were currently facing (n=5) a similar problem with an ex-client's stalking. Several others had consulted on related cases. The impression I get is that while this sort of problem is rare, it seems to be a real occupational hazard we're somewhat likely to encounter if we practice long enough.

Several replies urged those dealing with ex-clients who stalk them to explore the use of a restraining order.

> I'm a counseling and forensic psychologist in independent practice. I work with murderers, rapists, child molesters, etc., as well as ordinary citizens. I often work with people with borderline personality disorders, anti-social personality disorders, and some psychopaths. I am focusing on your question primarily in terms of your own safety, comfort, privacy, etc., more so than what is therapeutic for your ex-client. I don't think you should do anything to harm her psychologically, but it seems to me the main issue now is for you to be able to have your own life, for her to leave you alone rather than for you to help her reach closure or whatever.
>
> So I think a therapy session is completely wrong. If you've been trying extinction, this sets up an intermittent reinforcement schedule, which is the hardest schedule to extinguish.
>
> And it certainly appears that her ability to keep it up outstrips your ability to ignore it.
>
> Have you checked with law enforcement to see if you have grounds for an order of protection (restraining order)? If so, you might tell her the next time she shows up that you do not wish to see her anymore, offer her info on the local crisis center, etc., and tell her that if she keeps intruding on your life you will get a restraining order and use it. Tell her you wish her well, but your therapy days with her are over and you do not have relationships of any sort with ex-clients.
>
> Are you sure that she has to be threatening for you to get a restraining order? Or a trespass order for your home and office or whatever? I again encourage you to inquire with law enforcement to see what your options are, to protect your privacy if not your safety. If she could be told that she is not legally allowed to harass you, then I would recommend that you

tell her you want your privacy back, and that you'll pursue legal action if she doesn't leave you alone.

I think that, just because you offered her therapy at one time, doesn't mean you give up privacy forever.

You're not choosing to be her therapist now, and ethically there is no other role for you to play in her life.

Some people have to be told "You have to," as in, "You have to leave me alone."

Be firm. And again, good luck.

A second forensic psychologist was quite succinct: "Restraining order?"

Several replies discussed the frustrations associated with being pursued by former clients. Several people described situations that had gone on for years, and ones that had originated decades after termination.

Greetings. I have been in private practice for 20 years. Before that I taught psychology at the college level. Right now I'm working on organizing a group practice to deal with changes in psychotherapy practice wrought by managed care.

I'm sorry you're having this problem and I commend you for bringing it to the attention of the list, as I think it's probably not rare and can be a great burden. I'm also a dealing with an ex-pt. who recently started (last 2 yrs) to write letters with subtlely threatening content.

A former pt of mine (20 yrs ago, one of my first) who, incidentally, I didn't see at my home, started sending vaguely threatening letters to my home address about two years ago. (He found me despite the fact that I married and my last name changed as well as my address.) Therapy had ended by mutual agreement, on apparent good terms, and with improvement in his symptoms. Now 20 yrs later, he is delusional and very hostile. This is especially a concern because my

children live with me and at times I become worried about their safety. My former pt had no history of violence (to my knowledge) when I was seeing him for therapy. There has been no contact since termination. I have asked the pt to stop, but he did not. I also offered to assist in getting him into treatment. He refused.

I find it difficult to dismiss because letters are sent to my home, which is particularly threatening because I have small children and I worry about their safety. I called my State Psych. Assoc. and was told that unless he makes an explicit threat I can't get a restraining order. I made one attempt to ask him to stop sending these letters and offered referral to another therapist, which was rejected.
(My ex-pt also has religious delusions and was in therapy for quite some time after our termination with another therapist.)

I know what you're going through. I tried talking to many other therapists who were very helpful, but from what I have discovered, the law restricts our actions to such an extent as to make almost any action inadvisable in a legal sense.

Thank you for raising this topic. There must be others out there who are trying to find a way to cope with such situations.

****

I hesitated to relate my experience as no two incidents are the same but perhaps this may have some educational value. I believe that clients or patients who target a therapist do so as a way of not having a real relationship with an available other. It is similar to falling in love with a movie star as a way of not facing a real relationship.

This began about 30 years ago, early in my career when I was a clinical psychologist at a state hospital in California. I was assigned to an acute treatment ward for women. The woman in question saw me only on ward rounds and when I conducted ward

meetings. I never did work with her one to one or in group therapy. She had a diagnosis of schizophrenia and when she got into reasonable remission she was discharged from the hospital.

About a month later I started getting love letters from her which escalated to about five per day. Then she sent me her disability check for a large sum of money. I of course returned all to her. These communications by the way came to me at home. She then showed up at my door at home and when I became a real person she would turn heel and walk away. This happened about three or four
times.

Later, she made arrangements for our wedding (despite the fact that I was married and had two children). The rabbi who knew me well informed me of her contact with him. This presented me with some confidentiality problems. She then did something pathetic, she bought a complete bridal outfit even to the gloves and mailed me the paid receipts.

When I moved to Oregon she soon moved too and got a job in town. I was living in Salem and commuting to the university in Eugene the first year. She knew I was a professor at the university so she came to Eugene. She soon learned where I lived in Salem and on a couple of occasions she went on the Greyhound bus (some 60 miles) and appeared on our doorstep. On the second occasion I called the police who escorted her to the bus station so she could return to Eugene.

After the first year we bought a house in Eugene in which we resided for the next 26 years to the present. What stopped her visits to our house was my wife answering the door and telling her to get her butt off our property or she would throw her in jail. This did the trick. She has never harassed me since though as recently as last year she tried on two occasions to make an appointment with me at my private practice but my secretary was forewarned and steered her elsewhere. This woman is in town today, some 30 years later.

I was a bit concerned early on that her great love would turn to great hate and she might come after me with a shotgun. There was, however, no history of violence in her record.

You have gotten a good deal of advice from colleagues. I would recommend you have nothing whatever to do with your client, meeting with her would probably be fruitless. If need be, you might have someone in your office try my wife's approach. At least this worked in this N of 1 case.

I think these cases are a tragedy and I think it is unfortunate that as professionals we fall victim to this. I suspect we are not alone. University faculty are often targeted and I suspect physicians and attorneys may also be prey to this. I also feel there are no easy answers to dealing with it because it is so irreal. I realize I am not giving you much hope as I am 73 and retired and my harasser is even older but at least when it seemed she was in remission or partial remission she left me alone, it was probably when she got acute and was responding to voices that she did these things.

My best wishes for a quicker and better resolution of the problem than what I experienced and may still yet.

****

First, my sympathies and support.
I too, had a similar situation - no explicit threatened violence to me, but obsessive calls (50+ a day), letters, gifts to my residence (who knows how she found it,) weird indirect suicidal/violent messages "I'm sharpening knives, do you know what I'm doing?" etc. These continued after said client moved 500 miles away, together with pleas to be her therapist, "by phone," interspersed with tearful apologies. Two years after I moved and set up practice in another city I got a bouquet of flowers and a postcard. It's been three and a half years now with no contact.

Recommendations: 1. If possible, enlist the help of the organization where you work. I really benefitted from the support of the hospital/clinic where I worked. Security banned her from the site, secretaries, and other clinicians provided a first line phone defense. (and believe me they all got to recognize her voice and style of alias.)

This is good because 2. I would really recommend you not see her in any session. We're likely to be talking "psychotic transference" here. That means you are not "real" to her, and in my experience, actual interactions will not impose a more reasonable reality. Letting her get through will at least give her more control, show that you cannot hold your already set limit, and may increase rather than decrease the behavior. It may also expose you to danger if you are afraid that she could be violent.

3. FIND GOOD CONSULTATION!!!! Your consultant(s)' main job will be to support you, not to offer you suggestions. It's easy to feel crazy in this situation - full of rage, helplessness, etc. your own and that related to projective identification. If you are too senior to make consultation "reasonable," talk a lot to peers who will do as above.

****

I sympathize with your situation! It happened to me several years ago and it caused me a great deal of anxiety and distress.I tried several things and I'm not sure which one or the combination worked, but I have not heard from this person in over a year so I hope that it's over.
1. I consulted with several colleagues and documented everything. I noted every phone call, letter, hang ups. I told my secretary that she was not to respond in any way, but to take the message if the person called.(I am in private practice and share office space with two other psychologists)

2. I wrote the former client a letter stating that we had terminated treatment and there

would be no more contact. I stated that I would not become a "friend" as that would be a dual relationship and therefore inappropriate. I listed the names of three other psychologists if she wanted to seek treatment. I stated that this letter would be the final communication from me, that I would not return phone calls or answer her letters. I stated that I did not want any further contact from her and that our relationship was terminated.

3. I spoke to our local chief of police and asked for advise. In Oregon, we have a statute that states that if someone is harassing you on the phone, the police can intervene. I also alerted several key people in other organizations which I'm involved with and made sure that I was not left alone. I established a signal to alert these people if the client appeared at a meeting so that if I needed to leave they were aware of why.

I hope that some of this is useful and that the situation gets corrected. But don't take this lightly. Take all of the steps you need to be safe personally. Let me know if you have any further questions.

You may want to try seeing the borderline client only in the presence of her new therapist, whom you will have to probably locate for her to facilitate a transfer.

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Be careful that you are not still trying to "help" someone who is possibly endangering you. The first priority should be your safety and ability to carry on with your life and professional activities. In most jurisdictions this person is violating the law and can be dealt with accordingly.

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I read your post about your travails with your ex-client and want to offer my support and two cents' worth. What a nightmare!

If I remember correctly, you stated that this client initiated termination with you and has seen 2 other therapists since that time. It seems to me, then, that you have no ethical obligation to meet with her to address these issues -- she's no longer your client. (In fact, it might be countertherapeutic to reinforce her behavior by meeting with her.) I agree with others' postings recommending that you NOT meet with her, even in the presence of another psychologist.

You might consider sending her a registered letter (the content of which I would run by your attorney and some peers first) briefly stating the facts -- that she terminated therapy with you in 5/95, etc. -- and stating that you want her to cease all attempts to contact you. If she ignores the letter or escalates her behavior, which would not surprise me, I would not hesitate to take legal action such as a restraining order. (Again, of course, I would recommend consulting with your attorney about the options.)

A colleague of mine a few years ago had a client (who of course eventually became her ex-client) harass and stalk both my colleague and her staff. My colleague got the legal system involved and a restraining order issued. It's my understanding that the ex-client continued to violate the restraining order to the point that a judge ordered the client to relocate out of state. To my knowledge, my colleague has not been contacted by her since.

Good luck.

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I would recommend two things. First, get a restraining order. Secondly, if it is at all possible ask the university to ban her from campus. This would allow her to be charged with what in Penn is called defiant trespass. This would at least give you some legal ground work if the problem increases.

****

I had a similar situation which only terminated after moving out of the state, then out of the second state. I was reluctant to take any legal action, mostly because I felt sorry for the client. I would not be reluctant now. Doesn't California have a stalking law? My advice: use it. My experience was that no amount of conferring with current therapists, use of reason with the client, use of "psychologists intuition" with the client, and certainly not getting angry at the client, helped at all. She was not only borderline but clearly dissociative. She threatened my wife and, apparently, flew to the second state seeking me, but was unable to locate my home and, as it happened, I was out of state at the time.

Sometimes the problem with this business is the customers are crazy.

!!!
I had this happen to me. It took getting the police involved to get her to stop following me and showing up at my office. Sorry this is happening to you. It is NOT fun.

****

It sounds to me like you have a very dangerous situation which involves a lot of fantasy which feeds on itself and upon whatever responses you make. I would suggest you consider contacting the police, get a restraining order etc., just as you would for any other stalker. Otherwise, she may believe that she is somehow special to you. That would only confuse and provoke her even more.

****

If termination has been done, and the person has seen another therapist, then one should deal with this as though the client was a stranger. What would you do? Does your jurisdiction have a "stalking law"? Then file a complaint.

****

I consulted last year on a case with similar circumstances. It was a former female client with a female counselor. In that situation, the counselor was in way beyond her training, skills or personal comfort in handling the aggressive and highly eroticized transference. After months of returning letters, not answering the phone, asking her to stop, etc she consulted with me. I suggested she inform the woman that if the harassment continued she would contact police the next time the client contacted her. Then If the harassment continued she would seek a restraining order. A few days later the woman showed up at her home and the counselor called the police. The police arrived promptly and spoke with the woman and informed her of the consequences of her continuing to contact the counselor. End of problem!!

The client may have been "crazy", but she wasn't stupid! I guess the moral of the story is, "Don't be afraid to play hardball with borderline clients."

If you ask me, she is begging for an authoritarian intervention

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The responses generally expressed great support for and protectiveness toward the therapist. (Much appreciated!) The majority of respondents urged getting the authorities involved and using this to frame the behavior as totally unacceptable and associated with negative consequences.

The consensus was that if termination had occurred, and subsequent transfer to another therapist had been documented, the obligation to make the client's needs for therapy a priority had ended. Accordingly, it would be appropriate to give equal weight to the therapist's needs for privacy and safety.

Several pointed out that agreeing to see the client for therapy would be countertherapeutic, and would inadvertently reward the inappropriate persistent behavior (creating a partial reinforcement effect that could maintain the behavior even longer).
The small minority that suggested seeing the client agreed that this should only be done in the presence of another, preferably the new therapist.

Several replies relayed frustrating experiences with

police, who had said without explicit threats, no basis for their intervention (e.g., a restraining order) exists. Others found the legal system quite responsive; one judge ordered a long-term harasser to leave the state!

Several clinicians related this issue to the practice of using home offices and after-hours phone availability. Some felt that these practices could invite blurred boundaries and set the stage for psychotic transference. Others reported decades of experience without these problems.

> This matter illustrates the problem created by therapists working out of their homes and/or making their home phone numbers available to patients. Here is reason enough to work in a professional office (and have a professional phone #), and if you live in the same city having an unlisted home phone and address.
>
> While you may not be able to stop the stalking behavior, at least you spare your family and your private life the potential threats the stalker might bring on you.
>
> **********
>
> I no longer have my office in my home. When I did boundaries were more of a problem for me than my patients. That is, I was never away from work. I kept what used to be my home as my office, and moved into a new home near by.
>
> I have always made my number available and have almost never had it abused though I see a wide variety of patients. I did get a weird abusive caller, who was not a patient, who called and harassed me in the middle of the night. I didn't know who he was but I suspect he was calling other therapists too. The police almost got him traced when he quit calling. I was very angry because I felt I couldn't turn off my phone in case a patient really needed to call, which has happened a couple of times in more than twenty years of private practice.
>
> I don't think it's unethical not to make oneself available that way as long as

the limits are made explicit in the beginning. However, I do make myself available because that's the way I feel about it.

I have one middle aged patient, with a severe dissociative disorder, nos which stems from a PTSD at age 2 1/2, who calls my answering machine often to hear my voice which helps anchor her. When I'm away for a time she calls my home when I get back, to relieve her anxiety. But she always asks permission ahead of time to do so. I have struggled with the issue of permitting or fostering dependency by allowing her to call like that. In the end I think it's a toss up as a clinical issue, and I've opted for the more humane course as she progresses the way we are working.

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There is a difference between a "problem created by therapists working out of their homes and/or making their home phone numbers available to patients" and a potential problem. I think that, in general, if we fail to distinguish between a potential problem and an actual one, we will ultimately restrict our choices and behaviors to the point of absurdity. Witness a distinguished colleague who now will not even shake hands with clients because of "the potential for boundary violations."

I have worked out of a home office for over 12 years, and have always given clients my home # for urgent calls after hours, with fewer problems than some colleagues who don't, or who have unlisted home numbers. (i.e., in over 23 years of practice, there have only been two instances in which I needed to deal with a client abusing my availability, and both were dealt with rather simply) This may be a factor of the clients I've worked with (I don't do court referrals or evaluations, etc.) BTW, an unlisted home number is no protection, since all it takes is a call to the Motor Vehicle Dept. to get anyone's home phone and address.

Even if I lived in a "different city" from my office (and even when I have) I would not consider it reasonable to keep secret what city I live in, just to make it a little more difficult for someone to stalk me.

Also, an office located in the home can still be quite professional (i.e., separated from living areas, separate entrance, office telephone, etc.).

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As (the preceding respondent) states, a dedicated borderline (or anyone) can get an unlisted number. I have never unlisted my home number, having been trained that way early on in a crisis intervention center. I have had few problems. I think unlisting the number is even seen as a challenge by some patients.
If we're unlisted, there must be some benefit to getting the number. As with informed consent forms, I think practitioner expectation has a lot to do with outcome.

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I agree with (the preceding respondent). In fact, I think it's kind of unethical to be unavailable to clients. My office and home number are published together in several places in our local phone book. and my home address has always been listed too. My answering machine after hours has my home phone number and
pager number on it and I am always available should the need arise. I have NEVER had clients abuse the opportunity the call me if necessary. Not once in 22 years of practice. I have never had a client come to my home.

I often tell clients that I WANT them to call me at home (in the middle of the night if necessary) or page me on the weekend if they really have a crisis and a need to talk to me. My experience is that they only call when they really feel the need to, and it's never an abuse of the "privilege." It's not the words that I tell them, but the nature of the relationship and the therapy, I think. I do not create dependencies (at least I sure try

to avoid that) and I always communicate support for healthy self-reliance etc.

Of course being male (and 6'8" tall) helps. Were I female I might feel differently. I see a lot of very strange people at times because of mental status exams I do for Social Security Disability -- and I even make housecalls sometimes on people they can't get to come into the office. I have never been threatened, and I've never had to call the police, even though I evaluate some pretty nasty characters sometimes. Some of my colleagues who do similar work have had to call the police more than a few times. It's my charming personality! No... it's that I respect the clients and I DON'T push buttons. I'm not threatening. I listen. Now I've rambled into another area. Sorry. Anyway, I think if you don't have your home number in the phone book, you've got to have some system for clients to be able to reach you anytime in a crisis. I can't believe that some psychologists have answering machine messages that simply tell callers that if they are having an after hours emergency they should go to the emergency department at the local hospital! I don't think that would cut it in court, and the liability implications are enormous me thinks. I think part of what our clients are paying us for is after hours availability in a "true" crisis. It's part of the package deal. And I, for one don't charge for the few phone calls after hours that I get.

Today's Attributive Ruminations on my situation:

I think there is sometimes a tension that arises after the termination of difficult cases. Our scientific desire to obtain follow-up information about the client's maintenance of therapeutic gains can be at odds with our recognition of the advantages associated with a clean end to the therapeutic relationship, one that leaves no room for misinterpretation.

In trying to make sense of what went awry in this particular case (the first such outcome in roughly 20 years of working with clients), I wonder if any minute deviations from my usual practice might have contributed to the problems that ensued.

Here, after it was mutually agreed that termination was appropriate (treatment goals had been achieved; client did not feel the need for additional therapy to work through her desire for a personal relationship, although this was offered because of her apparent anger when informed that there would be no ongoing personal relationship with the therapist), I received a subpoena for her records from a defendant in a lawsuit she had initiated. I contacted the ex-client in order to inform her of the action, and inquire whether she wished to grant consent or to try to quash the subpoena. A tight time frame (her own attorney took forever to get back to her and the records were due at the court) made it seem reasonable to permit her to come to my office to sign the consent forms. In hindsight, I would probably have been wiser to have done all this by mail, and run the risk of missing the deadline. I think her seeing me at that point (a week after our "final contact") clouded things.

The client's later decision to stop her regularly prescribed psychotropic medication, to overuse painkillers she received after surgery, and to resume using street drugs didn't help matters. She had a manic episode, and then became paranoid and threatening to almost everyone she had been close to, and at that point became delusionally preoccupied with developing a personal relationship with me.

I would sure like to help others avoid my experience. I'm not certain how much of these things are under our control, but my tendencies to internalize have prompted me to look endlessly for lessons that can be taken from this experience.

If there is an inkling that termination is going to drag, avoided any and all contact after the last session (although I can understand why some therapists might be reluctant to be too brusque, for fear of inflaming this type of angry client). It seems any contact can provide fodder for delusional thinking, and it is sometimes difficult to predict a client's potential for delusional thinking (here, before her post-surgery drug shifts, there was no prior evidence of delusional thinking in this client). At the same time, I believe that even if circumstances had not prompted a follow-up contact in this case, the client probably would have started to contact me inappropriately anyway. However, I'll never know this for SURE, and that is frustrating. Reliably extrapolating causal mechanisms from individual cases is not possible.

Again, it's been helpful to feel less alone with this. Yesterday's letter from her was easier to keep in perspective. I've informed my organization's security department of the problem, and even put in a call to the

local police to get some procedural information. I have thanked all of the respondents individually, and shared a summary of the responses on the list. This application of our new virtual community technology has been of great practical help. I hope others also find these suggestions of value, and consider using professional lists when similarly challenged to assess prevalent opinion in a given discipline.